

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4952AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2008
NAME OF PROVIDER OR SUPPLIER LIMESTONESHIRE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7474 LIMESTONE DRIVE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/30/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, two Category I residents and five Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Y 000		
Y 070 SS=D	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility failed to ensure that 1 of 5 caregivers received eight hours of annual training.</p> <p>Findings include:</p>	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 Employee #1 - Date of hire - October of 2007. The employee's file did not contain proof the employee completed the required eight hours of training related to providing for the needs of the residents of the facility. Severity: 2 Scope: 1	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility did not ensure that 4 of 5 employees received the required tuberculosis (TB) skin testing. Findings include: Employee #1 - Date of hire - October of 2007. The employee's file contained proof the resident tested positive for TB on 1/6/06. The employee's file did not contain a TB symptom surveillance form or a copy of a negative chest x-ray report required for those who test positive for TB in 2008. Employee #3 - Date of hire - June of 2008. The employee's file contained proof the employee tested positive for TB on 6/20/08. The file did not contain a TB symptom surveillance form or a	Y 103		

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Y 103	Continued From page 2 copy of a negative chest x-ray report required for those who test positive for TB. The employee's file did not contain the results of a physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Employee #4 - Date of hire - October of 2007. The employee's file contained documentation the employee completed a two-step TB skin test on 9/28/07. The file did not contain evidence the employee completed an annual one-step TB skin test in September of 2008. The employee's file did not contain the results of a physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Employee # 5 - Date of hire - October of 2007. The employee's file contained a chest x-ray report required of those who test positive for TB. The employee's file did not contain evidence in the form of a positive skin test or a physician statement that the employee had tested positive for TB or the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage. Severity: 2 Scope: 3	Y 103			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.	Y 272			

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Y 272	Continued From page 3 This Regulation is not met as evidenced by: Based on observation and interview on 10/30/08, the facility did not ensure dated menus were posted and kept on file for review for 90 days. Findings include: The menu posted on a bulletin board in the kitchen was undated and there was no evidence of any other menus being used by the facility. Employee #4 reported their menus were not dated and no copies of past weekly menus were being kept by the facility. Severity: 1 Scope: 3	Y 272			
Y 444 SS=A	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility did not ensure smoke detectors were tested 3 out of the past 12 months. Findings include: The smoke detector testing log revealed that facility smoke detectors were not checked during the months of October, November, and December of 2007.	Y 444			

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Y 444	Continued From page 4 Severity: 1 Scope: 1	Y 444			
Y 456 SS=D	449.231(2)(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (f) A thermometer or other device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 10/30/08, the facility did not ensure it had a complete first aid kit. Findings include: The first aid kit provided by the administrator did not contain thermometer. Severity: 2 Scope: 1	Y 456			
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859			

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Y 859	Continued From page 5 This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility did not ensure that 2 of 5 residents had evidence of a physical examination. Findings include: Resident #3 - Date of admission 6/29/08 - The file did not contain evidence of a physical examination conducted by the resident's physician upon admission. Resident #4 - Date of admission 6/3/08 - The file did not contain evidence of a physical examination conducted by the resident's physician upon admission. Severity: 2 Scope: 2	Y 859		
Y 870 SS=D	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.	Y 870		

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Y 870	Continued From page 6 This Regulation is not met as evidenced by: Based on record review and interview on 10/30/08, the facility did not ensure medication reviews were being completed every six months on 1 of 5 residents who had lived at the facility for longer than six months. Findings include: Resident #1 - date of admission 3/5/08 - The file did not contain evidence of a six-month medication regimen review by a physician, pharmacist, or registered nurse. The administrator reported she did not have an arrangement to ensure the review was completed. Severity: 2 Scope: 1	Y 870			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878			

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Y 878	Continued From page 7 This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility did not ensure that medications were administered to 2 of 5 residents as prescribed. Findings include: Resident #1 - The October 2008 medication administration record (MAR) was reviewed for the resident. The MAR indicated the resident received 325 mg of Tylenol every four hours for pain. The prescription for Tylenol indicated it was an as needed (PRN) medication. The facility was administering the PRN medication as a regularly scheduled medication. Resident #2 - The October 2008 medication administration record (MAR) was reviewed for the resident. The MAR indicated the resident received 500 mg of Hydrocone daily at 8 PM. The prescription for Hydrocone indicated it was a PRN medication. The facility was administering the PRN medication as a regularly scheduled medication. This is a repeat deficiency from the 4/16/08 State Licensure survey. Severity: 2 Scope: 2	Y 878		
Y 879 SS=D	449.2742(6)(a)(2) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in	Y 879		

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Y 879	Continued From page 8 the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility failed to indicate on a container of medication belonging to 1 of 5 residents that a change had been made. Findings include: Resident #5 - The resident's October 2008 MAR indicated the resident was receiving Valproic acid 250 mg, one tablet every morning and two tablets every evening. The bottle indicated Valproic acid 250 mg two capsules was to be administered at 8 PM. The physician's orders indicated Valproic acid 500 mg was to be administered at 8 PM and Valpoic acid 250 mg was to be administered at 8 AM. Severity: 2 Scope: 1	Y 879		
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the	Y 885		

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Y 885	Continued From page 9 medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation on 10/30/08, the facility did not ensure an expired medication for 1 of 1 residents had been destroyed. Findings include: The Medication Administration Record (MAR) for Resident #1 indicated that Primidone had been discontinued on 10/9/08, but the medication had not been destroyed. Severity: 2 Scope: 1	Y 885		
Y 922 SS=F	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by:	Y 922		

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Y 922	Continued From page 10 Based on observation on 10/30/08, the facility failed to ensure medications were plainly labeled for 5 of 5 residents. Findings include: The following medications were unlabeled: Fluticasone Propionate nasal spray (Resident #1), Vesicare and Milk of Magnesia (Resident #2), ASA and Melatonin (Resident #3), Multivitamins and Delsym (Resident #4), Bayer and Multivitamins (Resident #5). Severity: 2 Scope: 3	Y 922			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility did not ensure that 3 of 5 residents met the tuberculosis (TB) testing requirements. Findings include: Resident #1 - Date of admission 3/5/08 - A	Y 936			

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Y 936	Continued From page 11 one-step TB test was completed on 3/7/08. The file did not contain evidence the resident completed an additional one-step TB test on admission. Resident #4 - Date of admission 6/3/08 - A one-step TB test was completed on 5/24/08. The file did not contain evidence the resident completed an additional one-step TB test on admission. Resident #5 - Date of admission 9/29/08 - A one-step TB test was completed on 9/17/08. The file did not contain evidence the resident completed an additional one-step TB test on admission. Severity: 2 Scope: 3	Y 936		
Y 944 SS=A	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review on 10/30/08, the facility did not ensure discharge information was	Y 944		

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Y 944	Continued From page 12 available in the file for 1 of 1 discharged resident. Findings include: A file for discharged Resident # 6 was provided by the caregiver for review. The file did not contain any information concerning the discharge of the resident. Severity: 1 Scope: 1	Y 944			

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